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IFW 1722

AMEN	Docket No. 35655										
Application No. 09/930,482		Filing Date August 16, 2001		Examiner Donald Hecken	berg	Art Unit 1722					
Applicant(s): Stac	y Driskell										
Invention: SYSTE	M AND METH	OD FOR ABS	ORBENT CO	RE PRODUCTION							
Transmitted heres		THE COMMI									
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.											
CLAIMS AS AMENDED											
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate							
Total Claims		. =	0	x							
Independent Claims		=	0	x							
Multiple Depend	Multiple Dependent Claims (check if applicable)										
Other fee (please specify):											
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:											
x Large Entity Small Entity											
x No additional fee is required for this amendment.											
	ge Deposit Acc			n the amount of $\$$ _		<u> </u>					
A check in the amount of \$ to cover the filing fee is enclosed.											
Payment by	credit card. Fo	orm PTO-2038	is attached.								
The Director is hereby authorized to charge and credit Deposit Account No											
Credit any overpayment.											
X Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.											
William G. Gosz Dated: 3/14/06											
Attorney Reg. N											
Gosz and Partn 450 Bedford Str Lexington, MA ((781) 863-1101	reet										
I hereby certify that this an envelope addressed	s correspondence is d to: Commissioner	s being deposited v r for Patents, P.O Signature:	with the U.S. Posta Box 1450, Alexan	al Service with sufficient p drib, VA 22313-1450, on (Patr	ostage as Fi the date sho ricia McKenr						

PTO/SB/17 (10-03)
Approved for use through 7/31/2006. OMB 0651-0032
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FEE TRANSMITTAL	Complete if Known									
LEE HAMISIMILIAE	·									
for FY 2004			Date		August 16, 2001					
Effective 10/01/2003. Patent fees are subject to annual revision.			Named	Inven	····	Stacy Driskell				
						Donald Heckenberg				
Applicant claims small entity status. See 37 CFR 1.27			nit		1722	1722				
TOTAL AMOUNT OF PAYMENT (\$) 120.00		Attorney Docket No.			35655US	35655US				
METHOD OF PAYMENT (check all that apply)				FEE	CALCULATION (continued)					
Check Credit Money Order Other None	3. A	DDITI	ONAL	FEES						
X Deposit Account:	Large	Entity	Small	Entity						
Deposit Account Number 50-3685	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description F	ee Paid				
Deposit Account Gosz and Partners, LLP	1051	130	2051	65	Surcharge – late filing fee or oath					
Name	1052	50	2052	~	Surcharge – late provisional filing fee or cover					
The Director is authorized to: (check all that apply)					sheet.					
Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English specification					
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For filing a request for ex parte reexamination					
Charge fee(s) indicated below, except for the filing fee	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action					
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action					
FEE CALCULATION	1251	120	2251	55	Extension for reply within first month	120.00				
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month					
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month					
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension for reply within fourth month					
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month					
1002 340 2002 170 Design filing fee	1401	330	2401		Notice of Appeal					
1003 530 2003 265 Plant filing fee	1402	330 290	2402		Filing a brief in support of an appeal					
1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filing fee	1403	1,510	1451		Request for oral hearing Petition to institute a public use proceeding					
·	1452	110	2452	55	Petition to revive – unavoidable					
SUBTOTAL (1) (\$)	1453	1,330	2453	665	Petitlon to revive - unintentional					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)					
Extra Fee from Claims below Fee Paid	1502	480	2502	240	Design issue fee					
Total Claims -** = 0 x =	1503	640	2503	320	Plant issue fee					
Independent = _ o x	1460	130	1460	130	Petitions to the Commissioner					
Multiple Dependent =	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)					
Large Entity Small Entity	1806	180	1806		Submission of Information Disclosure Stmt					
Fee Fee Fee Code (\$) Fee Description	8021	40	8021		Recording each patent assignment per property (times number of properties)					
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a submission after final rejection					
1201 86 2201 43 Independent claims in excess of 3					(37 CFR 1.129(a)) For each additional invention to be					
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	303	examined (37CFR 1.129(b))					
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801		Request for Continued Examination (RCE) Request for expedited examination					
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	of a design application					
and over original patent		fee (spe			- Cupro- Cupro-	100.00				
SUBTOTAL (2) (\$) **or number previously paid, if greater, For Reissues, see above	*Redu	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 120.00								
SUBMITTED BY					(Complete (if applicable))					
Name (Print/Type) William G. Gosz		ration No ey/Agent)		,787	Telephone (781) 863-1116					
Signature William Dog					Date 3/14/0	1				
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: WWW H. W. Signature: (Patricia McKenney)										